



*“The Blossoms”*

**Before and After School Care**

**Registration Form**

Unit 102, 112 - 28 Street S E  
T2A 6J9  
Calgary, Alberta

# The Blossoms Daycare

## Before and After Registration Form

Please fill out Registration Form (**IN CAPITAL LETTERS**) for each child you are registering and drop off to **The Blossoms**.

**Documents Required with this form!**

1. Parents Photo ID (copy)
2. Cheque/Cash for one-month fee and registration fee (Registration will not be accepted without full payment)

### Child's Personal Information

Male\_\_\_\_\_

Female\_\_\_\_\_

First Name

Last Name

\_\_\_\_\_

\_\_\_\_\_

Birth Date

\_\_\_\_\_

(dd/mm/yyyy)

Address

City

\_\_\_\_\_

\_\_\_\_\_

Province

Zip Code

\_\_\_\_\_

\_\_\_\_\_

### Child's Medical Information

Health Care Card #

\_\_\_\_\_

Medical Concerns (if any)

\_\_\_\_\_

Diet Restrictions (if any)

\_\_\_\_\_

Allergies (if any)

\_\_\_\_\_

Special Medical Needs (if any)

\_\_\_\_\_

Special Physical/Emotional Needs (if any)

\_\_\_\_\_

\_\_\_\_\_

Is the child's immunization up-to-date?

Yes\_\_\_\_\_

No \_\_\_\_\_

Does child receive medication on regular basis?

Yes\_\_\_\_\_

No \_\_\_\_\_

Is your child on continuous medication?

Yes\_\_\_\_\_

No \_\_\_\_\_

**Family Doctor's Name**

**Doctor's Phone #**

\_\_\_\_\_

\_\_\_\_\_

**Child Lives With**

Mother \_\_\_\_\_ Father \_\_\_\_\_ Both Parents \_\_\_\_\_

**Type of Program**

Please indicate your class preference by ranking the class below. Please note that all classes run from September to June

Monday – Friday (am program) \_\_\_\_\_ 06:00am – 08:30am

Monday – Friday (pm program) \_\_\_\_\_ 03:30PMm – 06:00pm

**Desired Start Date**

\_\_\_\_\_

**Parents Information****Mother' Information**

First Name

\_\_\_\_\_

Last Name

\_\_\_\_\_

Home Phone

\_\_\_\_\_

Cell Phone

\_\_\_\_\_

Address

\_\_\_\_\_

City

\_\_\_\_\_

Province

\_\_\_\_\_

Zip Code

\_\_\_\_\_

Profession

\_\_\_\_\_

Email

\_\_\_\_\_

**Father's Information**

First Name

\_\_\_\_\_

Last Name

\_\_\_\_\_

Home Phone

\_\_\_\_\_

Cell Phone

\_\_\_\_\_

Address *(if different from Mother's address)*

\_\_\_\_\_

City

\_\_\_\_\_

Province

\_\_\_\_\_

Zip Code

\_\_\_\_\_

Profession

\_\_\_\_\_

Email

\_\_\_\_\_

**Other Children in the Family**

1. Name	_____	Birth Date	_____	Male__	Female__
2. Name	_____	Birth Date	_____	Male__	Female__
3. Name	_____	Birth Date	_____	Male__	Female__

## Emergency Contacts

### Emergency Contact # 1

First Name

\_\_\_\_\_

Last Name

\_\_\_\_\_

Home Phone

\_\_\_\_\_

Cell Phone

\_\_\_\_\_

Address

\_\_\_\_\_

City

\_\_\_\_\_

Province

\_\_\_\_\_

Zip Code

\_\_\_\_\_

### Emergency Contact # 2

First Name

\_\_\_\_\_

Last Name

\_\_\_\_\_

Home Phone

\_\_\_\_\_

Cell Phone

\_\_\_\_\_

Address

\_\_\_\_\_

City

\_\_\_\_\_

Province

\_\_\_\_\_

Zip Code

\_\_\_\_\_

*Is custody and access an issue that the teacher should be aware of?* Yes \_\_\_\_\_ No \_\_\_\_\_

## Important Information

*(Please read carefully and sign)*

<b>Fee Schedule</b>	
Registration Fee (non-refundable)	\$ 35 (One Time)
BAS	\$ 600/month (3dys/wk \$480, 2dys/wk \$330)
Kindergarten Program	\$ 650/month (3dys/wk \$490, 2dys/wk \$340)

**Important Note:** Complete Fee Policy is mentioned in parent handbook. Please make sure you are familiar with that policy. Please bring cash/cheque for fee in advance at the time of registration. No registration will be accepted without full fee.

### **SUBSIDY PROGRAM**

For families that require subsidized care, please talk to the Director to complete the process. The subsidy approval depends on the household income level. Any information given is confidential and private. For more information, please visit childcare subsidy website [www.child.gov.ab.ca/childcaresubsidy](http://www.child.gov.ab.ca/childcaresubsidy). It is important to remember that it is the parent's responsibility to have subsidy and any information regarding it, before the child starts the program. It is also their responsibility to renew, prior to expiration date. If subsidy amount changes, the parent portion will be changed accordingly. Parents are responsible to pay their portion of fee which is equal to total fee minus subsidy received.

***I have received the orientation and a copy of the Parent Handbook. By signing here under, I agree with all the policies/procedures/processes mentioned in parent's handbook and in this registration form.***

Print Name: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Treatment:**

I/we \_\_\_\_\_, the parent(s)/guardian(s) acknowledge that ***"The Blossoms"*** staff will seek appropriate medical treatment/attention (call an ambulance etc – on my/our expense) for my child. In the event of an emergency, \_\_\_\_\_ (Child's name), requiring medical treatment, every effort will be made to contact me, if the teacher determines that it is necessary to seek emergency medical treatment.

*Parent's Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**Sunscreen and Insect Repellent Authorization**

I/we, \_\_\_\_\_, authorize ***"The Blossoms"*** to use the insect repellent/sunscreen, which I will provide in its original container and labeled with my child's name.

*Parent's Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**Walk and Mini Excursion Policy**

I/we, \_\_\_\_\_, understand that my/our child will be going on mini excursion/outdoor play and short walks while attending The Blossoms.

*Parent's Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**Email Authorization:**

I/we, \_\_\_\_\_, authorize ***"The Blossoms"*** to contact me at my email address below. Yes No

Email address: \_\_\_\_\_

*Parent's Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**Art Work**

I/we, \_\_\_\_\_, give permission for \_\_\_\_\_, (child's name) art work to be displayed outside of the classroom.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Photo Authorization**

I/we, \_\_\_\_\_, hereby give consent and authorization to **"The Blossoms"** the use and reproduction of any and all photographs/videos that have been taken of the above registrant, a minor child in my custody as parent or guardian, for any purpose, without compensation to me, the child or assignees. **"The Blossoms"** reserve the right to use these photographs and/or videos for online publication and display at **"The Blossoms"** events such as graduation etc. I understand any photos provided to me by **"The Blossoms"** for my personal use and display only. Reproduction or publication for commercial purposes in any form is strictly prohibited.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

How did you hear about The Blossoms?

Google

Words of mouth

Website

Facebook

Other social media

Friend's reference

Others: Please specify:

**Understanding of Parental Responsibilities:**

I/we, \_\_\_\_\_, understand that by enrolling my child in **"The Blossoms"**, I agree to all program policies/procedures including discipline and fee policies. I have received the orientation and parent handbook.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Office Use Only**

Fee Rate \_\_\_\_\_

Subsidy Approved \_\_\_Yes\_\_\_ \_\_\_No\_\_\_

Director's Signature \_\_\_\_\_